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\*\* CONTINUING DATA \*\*\*\*\*

*none*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

02/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials _____	<i>MH</i> <b>STATE OR COUNTRY</b> WI	<i>MH</i> <b>SHEETS DRAWING</b> 5	<i>MH</i> <b>TOTAL CLAIMS</b> 29	<i>MH</i> <b>INDEPENDENT CLAIMS</b> 3
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## ADDRESS

22827

## TITLE

System and method for disguising personal care products

<b>FILING FEE RECEIVED</b> 1062	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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